IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Hugh R. Sharkey, et al.) Examiner: Not Assigned			
	For: INFLATABLE VENTRICULAR PARTITIONING DEVICE			Group Art U	nit: Not A	ssigned	
Serial 1	No.: Not As	signed)				
Filed: March 3, 2004			j j	A DDT ICATO		NICA ATTTE	т.
Atty. Docket No.: R0395-00900)	<u>APPLICATION TRANSMITTAL</u>			
Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				Express Mail Label No.: ER 494010861 US Mailed on: March 3, 2004			
Dear S	ir:						
1.	Transmitted herewith for filing is the above-identified Patent Application, including: X Papers required for a filing date under 37 CFR § 1.53(b); Pages in the specification including: 1 pages of Description; 10 pages of Claims; 1 page of Abstract; Sheets of drawings X informal formal; X Declaration and Power of Attorney (Unsigned); Assignment and Recordation Cover Sheet (PTO-1595); Information Disclosure Statement; PTO-1449 Form; X Applicant claims small entity status (37 CFR 1.27(b)); X Return Receipt Postcard.						
2.	Publication:APPLICANT HEREBY REQUESTS THAT THE APPLICATION IS NOT PUBLISHED UNDER 35 USC 122(b), and certifies that the invention disclosed in the application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at 18 months after filing.						
3.	Filing Fee	Calculation					
		Description	Fee Code	Claims	Extra	Rate	Fee
		Basic Fee	2001 2201	7 – 3 =	4 x	\$43=	\$385 \$172
	•	Independent Claims Total Claims	2201	69 - 20=	49 x	\$ 9=	\$441
		Total Claims	2202	0, 20		ee	
4.	Payment of Fees.			TOTAL FEES \$998			
Enclosed is a check in the amount of \$ X The Commissioner is hereby authorized to charge any fees and to credit any overpayment which may be required with this communication under 37 CFR §§1.16 and 1.17, to Deposit Account No. 04-1679, referencing Docket No. R0395-00900. A duplicate copy of this document is enclosed.							
5.	Assignee: CardioKinetix, Inc.						
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